**Loss Prevention Foundation**

**Scholarship Application 2015**

**Submission Instructions**

Complete this form, save your answers & email back to Debbie Fisher at dkfisher@vectorsecurity.com
You will receive a confirmation email that your application was received within 2 business days.

**IMPORTANT! A letter of recommendation is *required.* Please submit your application and letter of recommendation together.**

Questions can be directed to Debbie Fisher at 724-741-2200, x2513 or by emailing dkfisher@vectorsecurity.com

Submission Deadline is **TUESDAY, MARCH 31, 2015.**

**Applicant’s Name:**

**Company:**

**Address:**

**City/State/Zip:**

**Applicant’s Contact Information:**

Phone:

Email:

Current Position:

Number of Years in LP:

**The applicant is seeking an:** [ ]  LPQ Scholarship or [ ]  LPC Scholarship\*

**\***Eligibility Requirements for an LPC Scholarship: To be eligible to take the LPC course and exam you must have at **least three years of loss prevention experience** **OR** one of the following:

* 3 years of business experience and successful completion of the LPQualified exam
* Bachelor Degree and successful completion of the LPQualified exam
* Masters Degree and successful completion of the LPQualified exam

**Is the applicant presently employed in the Retail Loss Prevention industry?** [ ]  Yes [ ]  No

If yes, please provide the following:

Applicant’s Direct Supervisor’s Contact Information:

Name:

Position:

Phone:

Email:

If no, please check the information which best represents your current goals:

 [ ]  I am seeking a career position in Retail Loss Prevention

 [ ]  I am a former Retail Loss Prevention professional who has been impacted by downsizing

 and wish to use this scholarship to return to Retail Loss Prevention

**[ ]** I am one of the following, and am seeking a career position in Retail Loss Prevention:

 [ ]  college student – graduate [ ]  ex-military [ ]  ex-police member

**Letter of Recommendation**

If you are currently working in a Retail Loss Prevention position, please submit a letter of recommendation from your direct supervisor.

If you are NOT currently working in a Retail Loss Prevention position, please submit a letter of recommendation from one of the following as a character reference source:

* Direct job supervisor in your current position
* An educational institution
* Military or police department supervisor
* A person in good standing with the Loss Prevention Foundation such as a board member, staff

member or a retailer involved with the LPF program

**Applicant’s Education**: Include College, Military, Loss Prevention, Criminal Justice, Police Department

**Please provide a brief narrative** (100 words or less) of your career aspirations:

**Please list any awards or special recognition you have received:**

Please describe any **LP-related special assignments** that enhance your experience.\*

\*If the applicant does not have any existing LP experience, then please provide details on any career or life experience that would serve to enhance your desirability as an applicant.